

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9081
Registrar's No. 2564

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2925 Sheridan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Twenty two years
(Specify whether years, months or days)
In this community Twenty two years

3. (a) PRINT FULL NAME LIZZIE ROGERS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race Colored 6. (a) Single, widowed, married, divorced N.I. Divorced
6. (b) Name of husband or wife WALTER ROGERS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. 16 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name Robert Wilson
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Monroe
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Genalous Rogers

(b) Address 2925 Sheridan Ave

17. (a) BURIAL (b) Date thereof MAR. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington Cent.

18. (a) Signature of funeral director Peoples Burial League

(b) Address 3100 Franklin Ave

19. (a) MAR 18 1940 (b) J. D. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town ST. LOUIS 21
(If outside city or town limit, write "RURAL")
(d) Street No. 2925 Sheridan
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 10:15 minute PM M.

21. I hereby certify that I attended the deceased from Mar 9, 1940, to Mar 15, 1940
that I last saw her alive on Mar 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Apoplexy
Due to

Due to General arterio-sclerosis
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of poison) (e) Means of injury

23. Signature J. D. Bredbeck (M. D. or other)
Address 2136 Shawnee Date signed 3/18/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

R. W. Powell

Licensed Embalmer No.

3402

P. O. Address

3100 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.